



2019 Benefit Summary



**TWIN CITIES GERMAN
IMMERSION SCHOOL**

Table of Contents

Benefits Overview	3
Contact Information	4
Medical Benefits	5
Health Savings Account (H S A)	10
Flexible Saving Account (FSA)	11
Dental Benefits	13
Life and AD&D	14
Voluntary Life and AD&D Insurance	14
Short - Term Disability	15
Long - Term Disability	15
Glossary of Insurance Terminology	16
Employee Notices	18

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Twin Cities German Immersion School is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Twin Cities German Immersion School provides other benefits at no cost to you (life, accidental death & dismemberment, Short - Term Disability, Long - Term Disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

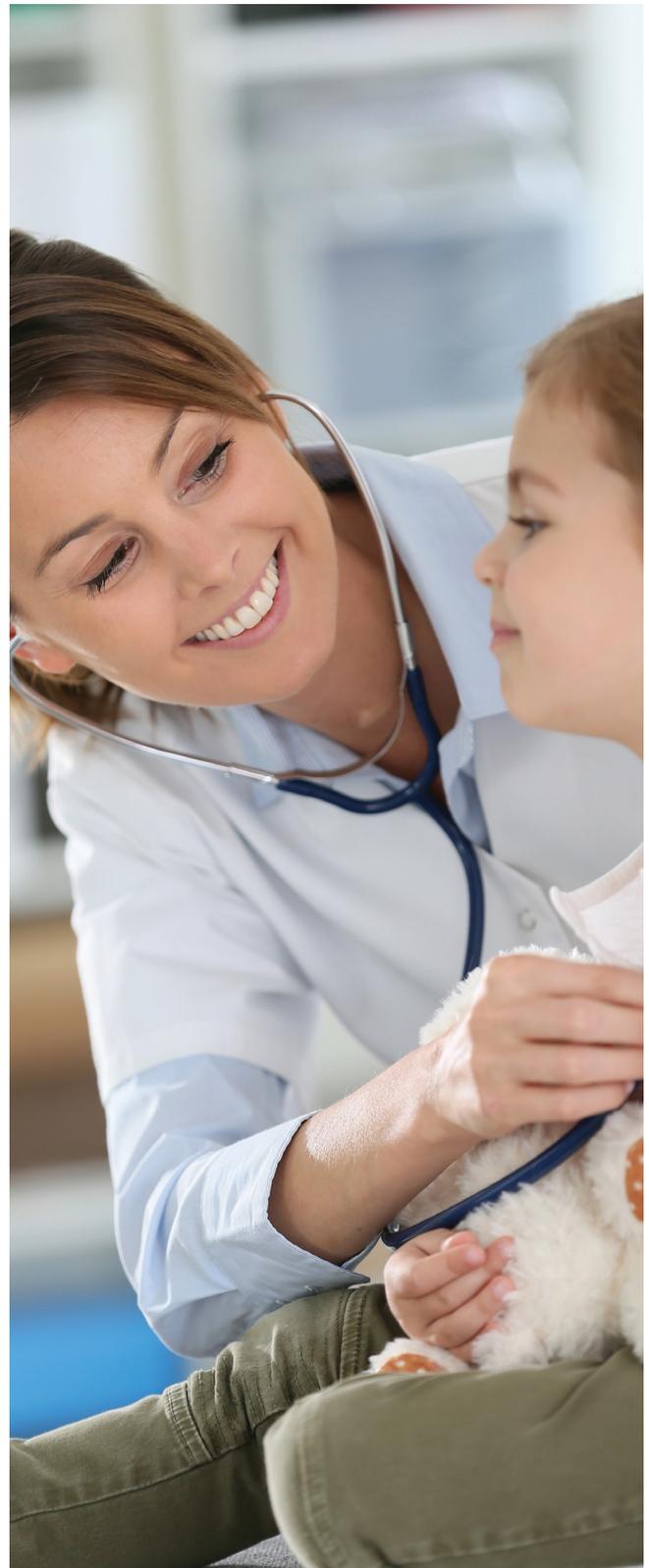
- Medical
- Health Savings Account (H S A)
- Flexible Spending Account (FSA)
- Dental
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life Insurance
- Short-Term Disability (STD)
- Long-Term Disability (LTD)

Eligibility

You and your dependents are eligible for Twin Cities German Immersion School benefits on the date of hire.

Eligible dependents are your legal spouse, children under age 26, disabled dependents of any age, or Twin Cities German Immersion School eligible dependents.

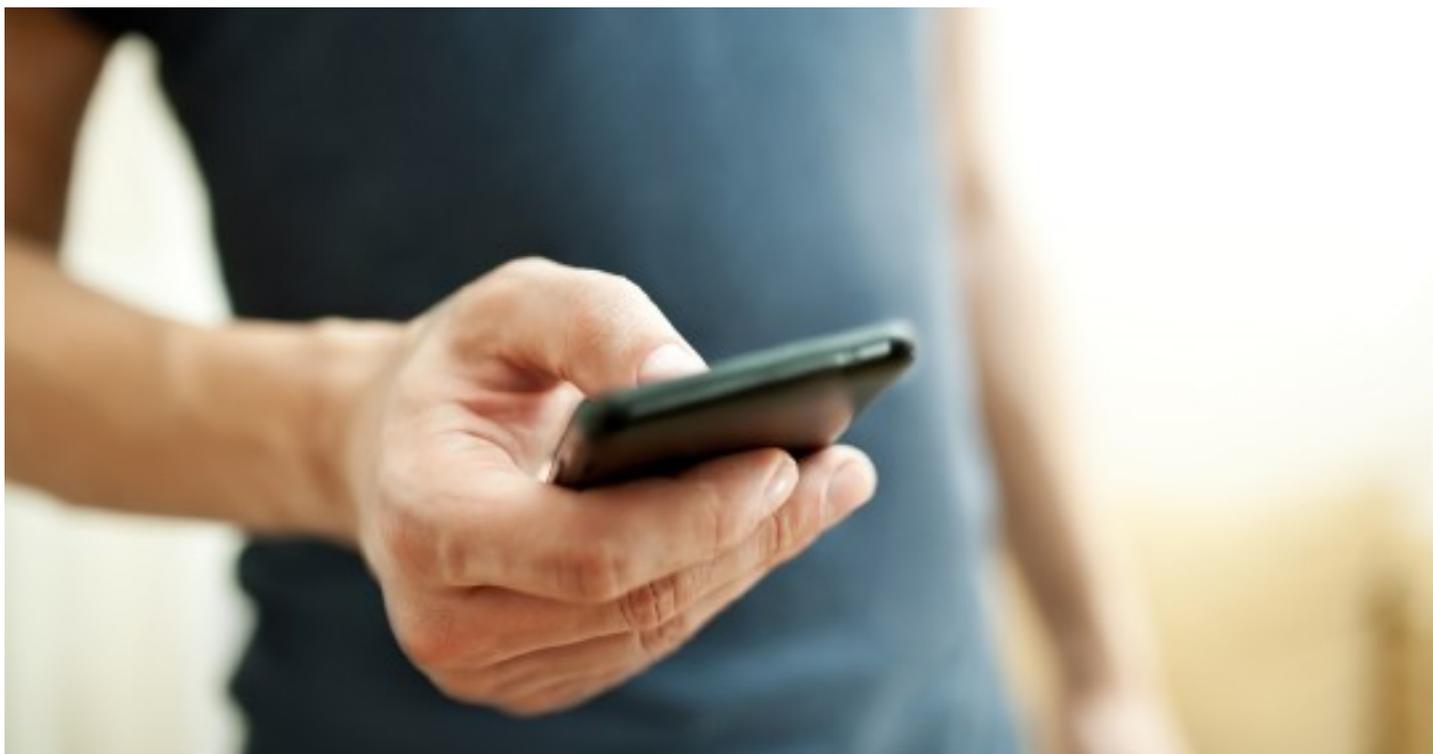
Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	PreferredOne HealthPartners BlueCross BlueShield	800.997.1750 800.883.2177 866.286.2948	www.preferredone.com www.healthpartners.com www.bluecrossmn.com
Health Savings Account	H S A Bank	800.357.6246	www.hsabank.com
Flexible Spending Account	Alerus	612.436.3500	www.alerusb.com
Dental	Delta Dental of Minnesota	800.553.9536	www.deltadentalmn.org
Life and AD&D	MetLife	800.523.2894	www.metlife.com
Voluntary Life	MetLife	800.523.2894	www.metlife.com
Short - Term Disability	MetLife	800.858.6506	www.metlife.com
Long - Term Disability	MetLife	800.858.6506	www.metlife.com



Step by Step Instructions for Enrollment in the Public Employees Insurance Program Advantage Plan

Step 1 – Choose Your Plan Level

The Public Employees Insurance Program Advantage Plan has cost sharing features that will help you and your employer to better control health care costs while maintaining flexibility in access to doctors and clinics. The Public Employees Insurance Program offers three Plan choices:

- Advantage (High)
- Value (Medium)
- H S A (Low)

Choose the Benefit Level that best fits your needs. The premium and cost sharing will vary based on the Benefit Level you choose. You may change your Benefit Level each year during your group's annual open enrollment.

Step 2 – Choose Your Health Plan/Network

The Public Employees Insurance Program offers three different Health Plans/Networks to choose from:

- HealthPartners
- Blue Cross Blue Shield
- Preferred One

Choose the network carrier that best fits your needs. Your network selection will not affect the cost of the plan; nor will it affect the premium rate. The benefits are similar under each network (HP has a slightly higher benefit for treatment of infertility). You may change your Health Plan/Network level each year during your group's annual renewal.

Step 3 – Choose Your Primary Care Clinic

Primary Care Clinics have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost/quality of delivering health care. The amount of cost sharing that is paid for health care services varies depending upon the cost level of the Health Plan and Network that you choose.

- Select a primary care clinic (PCC) for each family member

Each family member must select a primary care clinic (PCC). Family members may choose different PCCs – even in a different cost level, but all family members must enroll with the same Plan Level and Network choice. Your enrollment form should include the primary care clinic # associated with your network carrier.

All primary care clinics are broken into four tier levels that determine the benefits received by that family member. A list of participating clinics is available online to help you make your primary care clinic selection. This list includes your primary care clinic's clinic number that you will need in order to enroll. You can change clinics by calling the phone number on your ID card.

Most medical care is coordinated through a Primary Care Clinic (PCC) and you will generally need a referral to see a specialist (referrals to a specialist's office will be covered at the same cost level as your PCC). You may self-refer to certain specialists including OBGYN, chiropractors, routine vision, and mental health/chemical dependency practitioners, providing the practitioner is part of the carrier's self-referral network. No referrals needed for urgent care and emergencies.

A statewide primary care clinic listing and health plan documents, including the Summary Benefit Comparisons (SBC's) for all plan levels, are available online at www.innovomn.com.

IMPORTANT! Once enrolled you will receive TWO ID cards. One card will be sent from your health plan (HP, BCBS, POne) which is to be used for medical services. The second card from CVS is to be used for all pharmacy charges. If you have questions please call us at 952.746.3101 or 800.829.5601 or email us at shawn@innovomn.com.

Medical Benefits

Administered by Public Employee Insurance Program (PEIP)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Twin Cities German Immersion School.

Twin Cities German Immersion School offers you a choice of three (3) PPO medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	High Option			
	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
Lifetime Benefit Maximum	Unlimited			
Annual Deductible	\$150 single / \$300 family	\$250 single / \$500 family	\$550 single / \$1,100 family	\$1,250 single / \$2,500 family
Annual Out-of-Pocket Maximum	\$1,200 single / \$2,400 family	\$1,200 single / \$2,400 family	\$1,600 single / \$3,200 family	\$2,600 single / \$5,200 family
Coinsurance	0%	0%	0%	25%
Doctor's Office				
Primary Care Office Visit	\$25 copay	\$30 copay	\$60 copay	\$80 copay
Specialist Office Visit	\$25 copay	\$30 copay	\$60 copay	\$80 copay
Preventive Care (routine exams, immunizations, well baby care)	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Diagnostics tests (x-rays, bloodwork)	5% after deductible	5% after deductible	20% after deductible	25% after deductible
Imaging (CT/PET scans, MRIs)	5% after deductible	10% after deductible	20% after deductible	25% after deductible
Prescription Drugs				
Out-of-Pocket Expense	\$800 single / \$1,600 family			
Retail—Generic Drug (30-day supply)	\$14 copay	\$14 copay	\$14 copay	\$14 copay
Retail—Formulary Drug (30-day supply)	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Retail—Nonformulary Drug (30-day supply)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Mail Order—(90-day supply)	Not covered	Not covered	Not covered	Not covered
Hospital Services				
Emergency Room	\$100 copay	\$100 copay	\$100 copay	25% after deductible
Inpatient	\$100 copay	\$200 copay	\$500 copay	25% after deductible
Outpatient Surgery	\$60 copay	\$120 copay	\$250 copay	25% after deductible
Ambulance Service	5% after deductible	5% after deductible	20% after deductible	25% after deductible
Other Services				
Skilled Nursing	100% no deductible	100% no deductible	100% no deductible	100% no deductible

Medical Benefits

Administered by Public Employee Insurance Program (PEIP)

	Value Option			
	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
Lifetime Benefit Maximum	Unlimited			
Annual Deductible	\$500 single / \$1,000 family	\$700 single / \$1,400 family	\$1,100 single / \$2,200 family	\$1,800 single / \$3,600 family
Annual Out-of-Pocket Maximum	\$2,200 single / \$4,400 family	\$3,200 single / \$4,400 family	\$3,200 single / \$6,400 family	\$4,200 single / \$8,400 family
Coinsurance	0%	0%	0%	30%
Doctor's Office				
Primary Care Office Visit	\$30 copay	\$35 copay	\$95 copay	\$120 copay
Specialist Office Visit	\$30 copay	\$35 copay	\$95 copay	\$120 copay
Preventive Care (routine exams, immunizations, well baby care)	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Diagnostics tests (x-rays, bloodwork)	10% after deductible	10% after deductible	20% after deductible	35% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	10% after deductible	20% after deductible	35% after deductible
Prescription Drugs				
Out-of-Pocket Expense	\$1,000 single / \$2,000 family			
Retail—Generic Drug (30-day supply)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Retail—Formulary Drug (30-day supply)	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Retail—Nonformulary Drug (30-day supply)	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Mail Order—(90-day supply)	Not covered	Not covered	Not covered	Not covered
Hospital Services				
Emergency Room	\$125 copay	\$125 copay	\$125 copay	30% after deductible
Inpatient	\$150 copay	\$325 copay	\$750 copay	30% after deductible
Outpatient Surgery	\$100 copay	\$175 copay	\$350 copay	35% after deductible
Ambulance Service	10% after deductible	10% after deductible	20% after deductible	35% after deductible
Other Services				
Skilled Nursing	100% no deductible	100% no deductible	100% no deductible	100% no deductible

Medical Benefits

Administered by Public Employee Insurance Program (PEIP)

	H S A Compatible Option			
	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
Lifetime Benefit Maximum	Unlimited			
Annual Deductible	\$1,500 single / \$3,000 family (\$2,600 per family member)	\$2,000 single / \$4,000 family (\$3,200 per family member)	\$3,000 single / \$6,000 family (\$4,800 per family member)	\$4,000 single / \$8,000 family (\$6,400 per family member)
Annual Out-of-Pocket Maximum	\$3,000 single / \$6,000 family (\$5,000 per family member)	\$3,000 single / \$6,000 family (\$5,000 per family member)	\$4,000 single / \$8,000 family (\$6,850 per family member)	\$5,000 single / \$10,000 family (\$6,850 per family member)
Coinsurance	0%	0%	0%	50%
Doctor's Office				
Primary Care Office Visit	\$40 copay	\$50 copay	\$100 copay	\$120 copay
Specialist Office Visit	\$40 copay	\$50 copay	\$100 copay	\$120 copay
Preventive Care (routine exams, Immunizations, well baby care)	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Diagnostics tests (x-rays, bloodwork)	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Prescription Drugs				
Retail—Generic Drug (30-day supply)	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Retail—Formulary Drug (30-day supply)	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Retail—Nonformulary Drug (30-day supply)	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Mail Order—(90-day supply)	Not covered	Not covered	Not covered	Not covered
Hospital Services				
Emergency Room	\$150 copay	\$150 copay	\$150 copay	50% after deductible
Inpatient	\$400 copay	\$650 copay	\$1,500 copay	50% after deductible
Outpatient Surgery	\$250 copay	\$400 copay	\$800 copay	50% after deductible
Ambulance Service	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Other Services				
Skilled Nursing	100% after deductible	100% after deductible	100% after deductible	100% after deductible

Health Coverage Rates

	Total Premium	Employee Share	Employer Share
Coverage Level	H S A Plan Monthly Rates	H S A Plan Monthly Rates	H S A Plan Monthly Rates
Single	\$314.88	\$31.49	\$283.39
Employee + 1	\$678.76	\$296.53	\$382.23
Family	\$783.56	\$375.13	\$408.43

	Total Premium	Employee Share	Employer Share
Coverage Level	Value Plan Monthly Rates	Value Plan Monthly Rates	Value Plan Monthly Rates
Single	\$404.22	\$40.42	\$363.80
Employee + 1	\$879.82	\$387.02	\$492.80
Family	\$1,016.78	\$550.04	\$466.74

	Total Premium	Employee Share	Employer Share
Coverage Level	Advantage Plan Monthly Rates	Advantage Plan Monthly Rates	Advantage Plan Monthly Rates
Single	\$449.48	\$85.68	\$363.80
Employee + 1	\$981.66	\$463.40	\$518.26
Family	\$1,134.54	\$638.36	\$496.18

Health Savings Account

Administered by HSA Bank

A HSA is an individually-owned, tax-exempt account, which may be used as either a savings or a spending account. Its intended purpose is to provide pre-tax contribution and tax-free interest growth to pay for qualified out-of-pocket healthcare expenses now or at retirement. This account must be paired with the HSA compatible plan.

What are some advantages of a HSA?

- HSA payroll contributions lower your payroll taxes.
- You own the account. You can use it or save it. Balances roll over year to year.
- You get tax-deferred earnings from interest-bearing and invested funds.

Important Note: To be eligible to open a HSA, you must meet the eligibility requirements set forth by the IRS. If you are covered under your spouse's non-Qualified HDHP medical plan, if you and/ or your spouse participate in a medical reimbursement flexible spending account plan (unless this plan is limited to dental and vision care expenses only) and/or if you are currently on Medicare, you are not eligible to contribute to a HSA and your employer may not contribute to a HSA on your behalf. Please contact Human Resources for specific HSA eligibility rules.

2019 Maximum Annual Contribution Level	
Employee Only	\$3,500
Employee + 1	\$7,000
Family	\$7,000

Flexible Spending Account

Administered by Alerus

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$2,700
Dependent Care Spending Limit	\$5,000

Pretax Premiums

Under an FSA (Section 125) Plan, the IRS allows certain types of employee-paid premiums to be paid for on a pretax basis. Your employer uses automatic elections for any employee-paid health, dental and/or disability premiums. This method assumes that you wish to pay for these benefits with pretax money under the Premium Only Plan (POP). If you do not wish to participate in the POP, you must provide written notice to the Business Office prior to the end of the Open Enrollment Period for the plans referenced above. Your portion of any health, dental and/or disability premium contributions are deducted from your gross income for each payroll period. Your new taxable income is your gross income (less the pretax contributions) before calculating your Federal income, State income and Social Security tax.

Health Care Reimbursement FSA

You can set aside up to \$2,700 in a Health Care Reimbursement FSA each year to help pay for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependent child(ren). Below is a brief list of such expenses:

- Eye glasses, contact lenses, cleaning & wetting solutions
- Orthodontia expenses
- Lasik eye surgery or radial keratotomy

Federal tax rules define which health expenses are eligible for reimbursement from a Health Care Reimbursement FSA. For more information.

Orthodontia Expenses:

Typically, a portion of an Orthodontia contract (25% to 35%) is for expenses incurred immediately to complete initial orthodontia work. The remainder of the contract balance is divided over the remaining months of treatment. Under some common contracts, the remaining months may span over a two or three-year period. You may only receive reimbursements under your Health Care Reimbursement FSA for expenses you incur during that plan year.

Important Note: *If you and/or your employer funds a Health Savings Account (HSA) on your behalf, you may only elect to contribute to a limited scope FSA.*

Dependent Care Reimbursement FSA

You can set aside up to \$5,000 (up to \$2,500 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as day care for your child or elder care. If, in order to maintain employment, you are paying for child care or elder care services, you may be eligible to request reimbursement for some or all of those expenses through this program. Child care or elder care services may qualify for reimbursement if they meet these requirements: The child must be under 13 years old or, if older, mentally or physically incapable of caring for himself or herself. Must be provided by a facility or caretaker with a registered tax ID number. The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.

Plan Participation Requirements

Since the premiums and any money set aside in these programs are done so on a pretax basis, the ability to add or drop coverage or change your elections under these programs is limited to either an Annual Open Enrollment Period as determined by your employer, or due to a change in family status that affects your eligibility for benefits.

Qualifying Events

Qualifying events are specific events that, when they occur, allow you to legally change your Flexible Spending Account elections, and may include the following:

- Change in legal marital status
- Change in employment status
- Change in work schedule
- Change in dependent status
- Change of residence
- Change in number of tax dependents

Important Note: Changes to your FSA plan must be made within 30 days of the qualifying event and can only be made for a future date.

Dental Benefits

Administered by Delta Dental of Minnesota

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Twin Cities German Immersion School dental benefit plan.

Services	Plan Option I		Plan Option II
	In-Network	Out-of-Network	Delta Dental Premier or Out-of-Network
Annual Deductible	None	\$25 per person; \$75 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$2,000	\$2,000	\$1,000
Diagnostic & Preventive Services	100%	80%	100%
Basic Restorative Care & Services	90%	50%	80%
Basic Oral Surgery Services	100%	50%	80%
Complex Surgical Extractions	80%	80%	80%
Basic Endodontic Therapy	80%	50%	50%
Basic Periodontal Services	80%	50%	50%
Complex Surgical Periodontal Care	80%	50%	50%
Major Restorative Services	50%	50%	50%
Prosthetic Services	50%	50%	50%
Prosthetic Repairs & Adjustments	50%	50%	50%
Implants	50%	50%	50%
Eligible Dependents	Spouse and / or dependent children to the age of 26		

Plan Cost

Monthly premium is based on the coverage elected by the employee. See your cost below. Employee contributions are deducted from your paycheck "pre-tax." This means that you do not pay federal or state income taxes on the cost of your insurance.

Monthly Dental Rates	
	Employee Contribution
Employee Only	\$4.20
Employee + 1	\$43.25
Family	\$72.85

Life and Accidental Death & Dismemberment Insurance

Insured by MetLife

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Twin Cities German Immersion School. The company provides basic life insurance of \$50,000 at no cost to you if you participate in the medical plans offered by Twin Cities German Immersion School.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Twin Cities German Immersion School provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Twin Cities German Immersion School. For basic life and AD&D, Twin Cities German Immersion School contributes 100% of the employee cost.

Voluntary Life and AD&D Insurance

Insured by MetLife

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 or five times your salary, and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Up to 5x annual salary in increments of \$10,000; \$500,000 maximum amount. \$100,000 guarantee issue amount.

Spouse— Up to \$100,000 in increments of \$5,000. \$25,000 guarantee issue amount.

Children— Choice of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000; up to maximum \$10,000. \$10,000 guarantee issue amount.

Note:- In order to purchase life and AD&D coverage for your dependents, you must buy coverage for yourself.

Plan Cost

Monthly premium is based on the coverage elected by the employee. See your cost below. Employee contributions are deducted from your paycheck "pre-tax." This means that you do not pay federal or state income taxes on the cost of your insurance.

Voluntary Life Monthly Rate	
Employee/Spouse Age	Rate/\$1,000
0-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.108
45-49	\$0.170
50-54	\$0.268
55-59	\$0.430
60-64	\$0.660
65-99	\$1.270
70-99	\$2.060
55-59	\$0.060
60-64	\$0.080
65-69	\$0.090
Children	\$0.29
AD&D	\$0.017

Short - Term Disability

Insured by MetLife

If you become disabled, you may be unable to work and, therefore, your income may be reduced. Unfortunately, your expenses and bills will continue to come. However, with your employer-sponsored short term disability program, you can maintain a weekly income if you are disabled and cannot work as a result of an illness, off-the-job injury, or other qualifying medical condition, including pregnancy once the sick leave benefits end. This program provides a stable income source to carry you and your family through a temporary disability.

Below is a brief summary of the key elements of your short-term disability plan. Please refer to the benefit plan booklet(s) for specific benefits, limitations and exclusions.

Benefit Summary	
Benefits	Total or Partial disability
Benefit Duration	12 Weeks
Waiting Period	7-day for accident; 7-day for injury
Percent of Income Replacement	60% of gross weekly wages
Maximum Weekly Benefit Payable	\$1,000

Plan Cost

Class One: All Active Full-time Non-Teachers: TCGIS will contribute 100% of the STD cost.

Class Two: All Active Full-time Union Teachers: TCGIS will contribute 100% of the STD cost.

Long - Term Disability

Insured by MetLife

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset — your ability to earn an income. This coverage provides a reasonable replacement of monthly earnings to an individual who becomes disabled for an extended period of time, due to accident or sickness. Below is a brief summary of the key elements of your long-term disability plan.

Please refer to the benefit plan booklet(s) for specific benefits, limitations and exclusions.

Benefit Summary	
Waiting Period	90 days of disability
Maximum Benefit Duration	Social Security Normal Retirement Age
Percent of Income Replacement	60% of monthly earnings
Maximum Weekly Benefit Payable	\$5,000

Plan Cost

Twin Cities German Immersion School contributes 100% of the employee cost.

Glossary of Important Insurance Terminology

Unfamiliar terminology can make choosing a medical plan confusing. To help you navigate your benefits, we have provided the following definitions of common medical insurance terms.

Beneficiary

A person(s) or trust you designate to receive benefits (usually for a life insurance policy) in the event of your death. You may change your beneficiary at any time by submitting a new beneficiary designation form available from your employer.

Deductible

For some plans, you pay a certain amount of money out of pocket each year for covered services before your coverage kicks in. The amount you pay is your deductible.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically you would see a copay for office visits and prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Out-of-Pocket (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM.

Explanation of Benefits (EOB)

claim was processed. The form usually shows the date of service, the provider, the amount of the claim, the amount of any copayment, coinsurance, or deductible, and the provider discount. Remember that this is not a bill.

Health Reimbursement Arrangement (HRA)

A tax-free medical expense account established by your employer on your behalf. Your employer funds a specified amount to your HRA for you to use for eligible medical expenses. Money from your HRA helps you meet your health plans deductibles, coinsurance and copayments. Only your employer can contribute to this account and the funds cannot be transferred to any other account.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

High-Deductible Health Plan (HDHP)

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits.

Health Savings Account (H S A)

A Health Savings Account (HSA) is an account that can be funded with your tax- exempt dollars, by your employer, or both, to help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even in some cases, health insurance premiums.

Out-of-Pocket (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM.

Certificate of Coverage (COC)

The Certificate of Coverage is a summary of the master plan document and it will be mailed to you along with your member ID card upon enrollment. If changes are made to the master plan, you will receive amendments to the Certificate of Coverage.

Formulary Drugs

A drug formulary is a list of generic and brand-name drugs that have been evaluated for safety and effectiveness, and that your insurance company considers "best choices." Some medical plans provide coverage for formulary drugs, while others provide formulary drugs at lower costs.

Legal Notices

Women's Health and Cancer Rights Act Annual Notice

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plans' compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plans to provide.

Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymph edemas.

These benefits are subject to the same deductible, copayments and coinsurance that apply to mastectomy benefits under the Twin Cities German Immersion School plan you are enrolled in.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: http://www.indianamedicaid.com</p> <p>Phone 1-800-403-0864</p>
<p style="text-align: center;">COLORADO – Medicaid</p> <p>Medicaid Website: http://www.colorado.gov/hcpf</p> <p>Medicaid Customer Contact Center: 1-800-221-3943</p>	<p style="text-align: center;">IOWA – Medicaid</p> <p>Website: http://www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>
<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-785-296-3512</p>	<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</p> <p>Phone: 603-271-5218</p>
<p style="text-align: center;">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website:</p> <p>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
<p style="text-align: center;">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</p> <p>Phone: 1-888-695-2447</p>	<p style="text-align: center;">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
<p style="text-align: center;">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p style="text-align: center;">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>

MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473

TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Twin Cities German Immersion School HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

Annual Medicare Part D Certification Important Information

Applies if you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee.

Medicare offers insurance coverage for prescription drugs through Medicare Part

D. Twin Cities German Immersion School Medical Plan will continue to offer prescription drug coverage as a benefit under these plans for active employees and their covered dependents. Twin Cities German Immersion School coverage is considered 'creditable coverage', which means Twin Cities German Immersion School Medical Plans' prescription drug benefits provide coverage at least as good as or better than Medicare Part D. **If you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee, please print the Certificate of Creditable Coverage, and keep it in your records. This Certificate of Creditable Coverage will allow you and your dependents to join Medicare Part D in the future without paying late enrollment fees.**

During your employment, you have the option to choose to continue your prescription drug coverage through Twin Cities German Immersion School Medical Plan or to elect Medicare Part D. However, if you choose to elect Medicare Part D, you will not be eligible to participate in Twin Cities German Immersion School Medical Plan that provide both medical and prescription drug coverage. Please read materials sent to you from Medicare or other Medicare Part D providers carefully before making your decision.

Important Notice from Twin Cities German Immersion School About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Twin Cities German Immersion School and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare

Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Twin Cities German Immersion School has determined that the prescription drug coverage offered by the Medical Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

During your employment, you have the option to choose to continue your prescription drug coverage through Twin Cities German Immersion School Medical Plan or to elect Medicare Part D. However, if you choose to elect Medicare Part D, you will not be eligible to participate in Twin Cities German Immersion School Medical Plan that provide both medical and prescription drug coverage. Please read materials sent to you from Medicare or other Medicare Part D providers carefully before making your decision.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Twin Cities German Immersion School coverage will not be affected. The High Deductible Health Plans offer the following prescription drug coverage for a 1-month supply: 100% coverage after the deductible. Members may keep this coverage if they elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Twin Cities German Immersion School coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Twin Cities German Immersion School and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Twin Cities German Immersion School changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486- 2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800- 325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	7-1-2019
Name of Entity/Sender:	Twin Cities German Immersion School
Contact--Position/Office:	Human Resource Manager
Address:	Twin Cities German Immersion School 1031 Como Avenue St. Paul, MN 55104
Phone Number:	651-492-7106

HIPAA Notice of Privacy Practices

This notice is to advise you that Twin Cities German Immersion School maintains a HIPAA privacy policy and a notice of the district's privacy practices is available to you at any time. If you would like to request a copy of the privacy practice, please contact your HR Department.

